

☒ NO

Collaborator if any _____ Artist MORTON GROSSMAN
FIRST NAME LAST NAME
Address 2255 BELLFIELD CLEVELAND (6) CUYAHOGA Tel. 932-2229
NO STREET CITY ZONE COUNTY

☐ YES ☐ NO

try Blank..

DO NOT WRITE IN
THESE COLUMNS

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE

REC'D MAR 11 1963